

**SECOND CORRECTIVE ACTION PLAN  
ASSESSMENT**  
of

**BAY CORRECTIONAL FACILITY**

for the

Physical and Mental Health Survey  
Conducted January 7-9, 2025

**CMA STAFF**

Lynne Babchuck, LCSW

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## I. Overview

On January 7-9, 2025, the Correctional Medical Authority (CMA) conducted an on-site physical and mental health survey of Bay Correctional Facility (BAYCF). The survey report was distributed on February 18, 2025. In March 2025, BAYCF submitted, and the CMA approved, the institutional corrective action plan (CAP) which outlined the efforts to be undertaken to address the findings of the BAYCF survey. These efforts included in-service training, physical plant improvements, and the monitoring of applicable medical records for a period of no less than ninety days. Items II and III below describe the outcome of the CMA's evaluation of the institution's efforts to address the survey findings.

### Summary of CAP Assessments for Bay Correctional Facility

CAP #	CAP Assessment Date	Total # Survey Findings	Total # Open Findings	Total # Findings Closed
1	6/20/25	67	40	27
2	12/1/25	41	27	14

## II. Physical Health Assessment Summary

The CAP closure files revealed sufficient evidence to determine that 5 of the 15 physical health findings were corrected. Ten physical health findings remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<u><b>Cardiovascular Chronic Illness</b></u> <u>Clinic:</u> <b>Screen 8:</b> Patients are referred to a specialist for more in-depth treatment as indicated	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Endocrine Clinic Chronic Illness</u></b> <b><u>Clinic:</u></b> <b>Screen 7:</b> Inmates with HgbA1c over 8% are seen at least every 90 days	X				
<b><u>Gastrointestinal Chronic Illness</u></b> <b><u>Clinic:</u></b> <b>Screen 7:</b> There is evidence of hepatitis A and/or B vaccination for inmates with hepatitis C and no evidence of past infection		X			
<b><u>Emergency Services:</u></b> <b>Screen 3:</b> Vital signs including weight are documented	X				
<b><u>Consultations:</u></b> <b>Screen 2:</b> The referral is sent to Utilization Management in a timely manner which is consistent with the clinical needs of the inmate		X			
<b>Screen 3:</b> The consultation is completed in a timely manner as dictated by the clinical needs of the inmate		X			
<b>Screen 4:</b> The consultation report is reviewed by the clinician in a timely manner		X			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Medication And Vaccination Administration:</u></b> <b>Screen 1:</b> The inmate receives medications as prescribed		X			
<b>Screen 3:</b> If the inmate missed medication doses (3 consecutive or 5 doses within one month), there is evidence of counseling for medication non-compliance		X			
<b>Screen 4:</b> There is evidence of pneumococcal vaccination or refusal		X			
<b><u>Periodic Screenings:</u></b> <b>Screen 3:</b> All diagnostic tests are completed prior to the periodic screening encounter		X			
<b><u>PREA Medical Review:</u></b> <b>Screen 3:</b> There is documentation that the alleged victim was provided education on STIs	X				
<b>Screen 4:</b> Prophylactic treatment and follow-up care for STIs are given as indicated			X		
<b>Screen 8:</b> The inmate is evaluated by mental health by the next working day	X				

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
Screen 9: The inmate receives additional mental health care if he/she asked for continued services, or the services are clinically indicated		X			

### III. Mental Health Assessment Summary

#### A. Main Unit

The CAP closure files revealed sufficient evidence to determine that 9 of the 26 mental health findings were corrected. Seventeen mental health findings will remain open.

Finding	Closed	Open: Evaluation of records indicated an acceptable level of compliance was not met	Open: No episodes were available for review	Open: Institutional monitoring was inadequate	Open: Institutional monitoring indicated compliance was not met
<b>Use of Force:</b> Screen 3: There is evidence physical health staff completed a referral to mental health staff	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Screen 4:</b> Documentation indicates mental health staff interviewed the inmate by the next working day to assess whether a higher level of mental health care is needed		X			
<b>Mental Health Inmate Request:</b> <b>Screen 4:</b> The follow-up to the request occurs as intended		X			
<b>Special Housing:</b> <b>Screen 3:</b> A mental status examination (MSE) is completed in the required time frame	X				
<b>Screen 4:</b> Follow-up MSEs are completed in the required time frame	X				
<b>Screen 5:</b> MSEs are sufficient to identify problems in adjustment	X				
<b>Screen 6:</b> Mental health staff responds to identified problems in adjustment			X		

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Outpatient Mental Health Services:</u></b> <b>Screen 2:</b> The inmate is interviewed by mental health staff within 14 days of arrival	<b>X</b>				
<b>Screen 4:</b> A sex offender screening is completed within 60 days of arrival at the permanent institution if applicable.	<b>X</b>				
<b>Screen 5:</b> Consent is obtained prior to initiating sex offender treatment	<b>X</b>				
<b>Screen 11:</b> If mental health services are initiated at this institution, the initial ISP is completed within 30 days		<b>X</b>			
<b>Screen 12:</b> The ISP is individualized and addresses all required components		<b>X</b>			
<b>Screen 16:</b> The ISP is signed by the inmate and all members of the treatment team		<b>X</b>			
<b>Screen 20:</b> There is evidence the inmate received the mental health services described in the ISP		<b>X</b>			
<b>Screen 21:</b> Counseling is offered at least once every 60 days		<b>X</b>			

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b>Screen 22:</b> Case management is provided every 30 days to S3 inmates with psychotic disorders	X				
<b>Screen 23:</b> Case management is provided at least every 60 days for inmates without psychotic disorders		X			
<b><u>Outpatient Psychotropic Medication Practices:</u></b> <b>Screen 8:</b> The inmate receives medication(s) as prescribed		X			
<b>Screen 9:</b> The nurse meets with the inmate if he/she refused psychotropic medication for two consecutive days and referred to the clinician if needed.		X			
<b>Screen 10:</b> The inmate signs DC4-711A "Refusal of Health Care Services" after three consecutive OR five medication refusals in one month.		X			
<b>Screen 13:</b> Follow-up sessions are conducted at appropriate intervals		X			
<b>Screen 14:</b> Documentation of psychiatric encounters is complete and accurate	X				

<b>Finding</b>	<b>Closed</b>	<b>Open:</b> Evaluation of records indicated an acceptable level of compliance was not met	<b>Open:</b> No episodes were available for review	<b>Open:</b> Institutional monitoring was inadequate	<b>Open:</b> Institutional monitoring indicated compliance was not met
<b><u>Aftercare Planning:</u></b> <b>Screen 1:</b> Aftercare plans are addressed for inmates within 180 days of End of Sentence (EOS)		X			
<b>Screen 2:</b> The appropriate consent form is signed by the inmate within 30 days after initiation of the continuity of care plan		X			
<b>Screen 3:</b> Appropriate patient care summaries are completed within 30 days of EOS		X			
<b>Screen 4:</b> Staff assist inmates in applying for Social Security benefits 30-45 days prior to EOS		X			

#### **IV. Conclusion**

Until appropriate corrective actions are undertaken by BAYCF staff and the results of those corrections reviewed by the CMA, this CAP will remain open. As some of the necessary steps to correct findings require further institutional monitoring, closure may take as long as three months. Follow-up assessment by the CMA will most likely take place through an off-site evaluation.